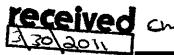
CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT/QF ECONOM PRACTICES COCOVER PAGE



11 APR 11 PM 2:35 Please type or print in ink. (MIDDLE) NAME OF FILER (LAST) 1. Office, Agency, or Court Agency Name ARD Division, Boald, Department, District, if applicable If filing for multiple positions, list below or on an attachment. MEMBER/ CHAJEMAN Agency: ACJA HOSPITAL TRUSTEE 2. Jurisdiction of Office (Check at least one box) Judge (Statewide Jurisdiction) State ■ Multi-County . County of ___ Other _ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2010, through December 31, 2010 Leaving Office: Date Left ____/___ 2010. (Check one) O The period covered is January 1, 2010, through the date of The period covered is _______, through December 31, leaving office. 2010. O The period covered is ____/___, through the date Assuming Office: Date ____/_ of leaving office. Candidate: Election Year ____ Office sought, if different than Part 1: _ 4. Schedule Summary Check applicable schedules or "None." ► Total number of pages including this cover page: . Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No reportable interests on any schedule I certify under penalty of perjury under the laws of the State of California that Date Signed _ Signatu



SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION						
Name MECHAEL PONCE						

•	Reminder -	vou	must	mark	the	aift	or	income	box
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- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

NAME OF SOURCE LEAGUE OF CULTFONLEY CETTES ADDRESS (Business Address Acceptable) IYOU IL STEET CITY AND STATE SACRAMENTO CA GSOU BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	NAME OF SOURCE LEAGUE OF CULTIVATA CATTES ADDRESS (Business Address Acceptable) LYDY (L STRUET CITY AND STATE GA CRAHOW TO CA GS N BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S): 04, 09, 10 OY 89, 10 AMT: \$ 34-21 TYPE OF PAYMENT: (must check one) Gift Fincome DESCRIPTION: POLICY CONVETTER MEETWA	DATE(S): 06/8/10 06/18/10 AMT: \$ 35.00 (If applicable) TYPE OF PAYMENT: (must check one) Gift Grincome DESCRIPTION: 1000 County TEE YEET COUNTY DESCRIPT
NAME OF SOURCE BEST BEST: KRATELITEN ADDRESS (Business Address Acceptable) SIV SOUTH GRAND TO THE FOUNT CITY AND STATE US ANGECES OF GOVILLE BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	► NAME OF SOURCE ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 09, 14, 10 - 59, 14, 10 AMT: \$ 123.24 TYPE OF PAYMENT: (must check one) A Gift Income DESCRIPTION: 7010 CCC ATLANTER	DATE(S):/ AMT: \$ (If applicable) TYPE OF PAYMENT: (must check one)
Comments:	